

**THE DEPARTMENT FOR LOCAL GOVERNMENT
FLOOD CONTROL LOCAL MATCHING FUND PROGRAM APPLICATION**

GENERAL INSTRUCTIONS

1. Use the attached form when applying for assistance from the Local Matching Fund for Flood Control.
2. Pre-application assistance is available to answer questions regarding the eligibility of a project or completion of this application by visiting or calling the Department for Local Government (DLG) at 1-800-346-5606.
3. All dollar amounts should be rounded off to the nearest dollar. If the item does not appear to be relevant to your request, write N/A for not applicable. If insufficient space is available in this form for your response, attach additional pages.
4. Submit the original and one (1) copy of the application to DLG, Office of Federal Grants, 1024 Capital Center Drive, Suite 340, Frankfort, Ky. 40601.
5. The applicant must be a community that is participating in the National Flood Insurance Program.



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Project Number:

Project Name _____
Amount Requested _____

Applicant's Name _____

Address: _____

Official's Name: _____

House District _____
State District _____
Congressional District _____

(Attach additional pages if necessary)

1. Is the community a participant in the National Flood Insurance Program?

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2. Give a complete description of:

- A). The nature and scope of the **flooding problem**; or
- B). For the **Corps of Engineers 531** projects please include scope of problem; or
- C). For the **State Dam Repair** projects, describe reason for inclusion on priority list.

3. Describe the proposed solution to:

- A). The **flooding problem**; or
- B). For **Corps 531** projects, please indicate the design or construction status; or
- C). For **State Dam Repair** projects, please show a timeline-history and design status.

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4. If applicable, describe the level of local government commitment. (Give supporting data)

5. If applicable, has any federal, state or local governmental agency been contacted to help provide a solution to the problem? (Include supporting documentation.)

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6. List source and amount of all financing:

7. Project contact person and phone number:

Contact's Name _____

Phone Number _____

To the best of my knowledge and belief, information in the application is true and correct.

I am aware that the proposed project may be removed from further consideration should it be determined that there are significant discrepancies in the information provided, and/or false, inaccurate or incomplete information has been given.

The community's governing body has duly authorized this document.

Signature, Chief Executive Officer

Title

Name Typed

Date